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New York

President:	Mr. Gaspar Martins	(Angola)
Members:	Bulgaria	Mr. Raytchev
	Cameroon	Mr. Tidjani
	Chile	Mr. Muñoz
	China	Mr. Wang Guangya
	France	Mr. De La Sablière
	Germany	Mr. Trautwein
	Guinea	Mr. Sow
	Mexico	Mr. Pujalte
	Pakistan	Mr. Khalid
	Russian Federation	Mr. Isakov
	Spain	Ms. Menéndez
	Syrian Arab Republic	Mr. Mekdad
	United Kingdom of Great Britain and Northern Ireland	Sir Emyr Jones Parry
	United States of America	Mr. Cunningham

Agenda

The responsibility of the Security Council in the maintenance of international peace and security: HIV/AIDS and international peacekeeping operations

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03-61602 (E)

The meeting was called to order at 10.15 a.m.

Adoption of the agenda

The agenda was adopted.

The responsibility of the Security Council in the maintenance of international peace and security: HIV/AIDS and international peacekeeping operations

The President: In accordance with the understanding reached in the Council's prior consultations and in the absence of objection, I shall take it that the Security Council agrees to extend an invitation under rule 39 of its provisional rules of procedure to Mr. Jean-Marie Guéhenno, Under-Secretary-General for Peacekeeping Operations.

There being no objection, it is so decided.

I invite Mr. Guehenno to take a seat at the Council table.

In accordance with the understanding reached in the Council's prior consultations and in the absence of objection, I shall take it that the Security Council agrees to extend an invitation under rule 39 of its provisional rules of procedure to Mr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS.

There being no objection, it is so decided.

I invite Mr. Piot to take a seat at the Council table.

The Security Council will now begin its consideration of the item on its agenda. The Council is meeting in accordance with the understanding reached in its prior consultations.

At this meeting, the Security Council will hear briefings by Mr. Jean-Marie Guéhenno and Mr. Peter Piot. Mr. Guéhenno will give the Council an update on the implementation of resolution 1308 (2000) in the context of peacekeeping, including accomplishments, challenges and lessons learned. Mr. Piot will brief the Council on progress made by the Joint United Nations Programme on HIV/AIDS (UNAIDS) in the implementation of resolution 1308 (2000), specifically with regard to its work with Member States and national armed services. He will also describe remaining challenges and areas where implementation must be advanced.

I now give the floor to Mr. Jean-Marie Guéhenno, Under-Secretary-General for Peacekeeping Operations.

Mr. Guéhenno (*spoke in French*): I am grateful to the Council for this opportunity today to brief it once again on implementation of resolution 1308 (2000) by the Department of Peacekeeping Operations and to share with the Council our efforts and some of the challenges we face.

When I last reported to the Council on HIV/AIDS and peacekeeping about three years ago, we were all appalled by the estimates of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization regarding the spread of the epidemic. It was especially painful to realize that an estimated 3 million people died of AIDS in 2000, another 3 million died in 2001, and last year a further 3.1 million lives were destroyed by AIDS.

Despite our determination to face this challenge worldwide, the number of persons infected by the virus has continued to grow. In 2002, an estimated further 5 million people became infected, bringing the estimated total of persons infected — adults and children living with AIDS — to approximately 42 million. In and of themselves, these numbers are overwhelming, but we must not lose sight of the individual tragedies that lie behind them.

Resolution 1308 (2000) recognized the devastating impact of HIV/AIDS on all sectors and levels of society. But its focus was on the vulnerability of uniformed services, international peacekeeping personnel and international civilian personnel deployed in peacekeeping operations. When we speak of peacekeepers, it is crucial to underscore that this includes civilian staff as well as military and police personnel.

In 2001, Mr. Piot and I announced that the Department of Peacekeeping Operations (DPKO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) had signed a cooperation framework to work together on HIV/AIDS and peacekeeping. The technical and advisory support from UNAIDS has been fundamental to DPKO's response, both here at Headquarters and in the field. Based on contributions raised by UNAIDS from Denmark, DPKO has established an HIV/AIDS Trust Fund and we are most grateful for that contribution. All our efforts seek to reduce the risk of peacekeepers contracting or transmitting HIV while on mission.

(*spoke in English*)

One of our most concrete achievements is that DPKO now has HIV/AIDS policy advisers, supported by United Nations Volunteers, in four of our major peacekeeping operations — in the Democratic Republic of the Congo, in Timor-Leste, in Ethiopia and Eritrea and in Sierra Leone — and we will be recruiting an HIV/AIDS policy adviser for Liberia. It is our intention to deploy HIV/AIDS policy advisers in all major peacekeeping operations. We have HIV/AIDS focal points in six missions and are identifying others in our remaining operations. UNAIDS currently funds the position of an HIV/AIDS policy adviser working within DPKO headquarters. She is coordinating overall strategy and facilitating mission initiatives.

The importance of HIV/AIDS awareness training was underscored not only by resolution 1308 (2000) but also by the June 2001 Declaration of Commitment by the United Nations General Assembly special session on HIV/AIDS. I would like to update you today on action we have been taking to strengthen existing training programmes and materials and to introduce new programmes where needed.

A primary element of our training strategy is the update and improvement of our training materials. The three publications, entitled "Protect yourself, and those you care about, against HIV/AIDS", "HIV prevention and behaviour change in international military populations" and "Policy guidelines on HIV/AIDS prevention and control for United Nations military planners and commanders" are being reviewed and simplified, in order to make them accessible to the broadest possible audience.

With input from some 20 Member States, DPKO has developed a pre-deployment training module on HIV/AIDS. Through the conduct of four regional seminars last year in Chile, Finland, Kenya and Thailand, we obtained feedback on this module from over 75 countries, including all major troop-contributing countries.

Together with UNAIDS, DPKO distributes HIV/AIDS awareness cards to deployed peacekeepers. The cards cover the basic facts about the disease and the United Nations Code of Conduct. They are currently available in 10 languages. It is our goal to see these cards become a standard feature of a peacekeeper's uniform. UNAIDS has recently launched a peer education kit for uniformed services, which DPKO will be distributing to our peacekeeping missions and to troop-contributing countries. We have also participated in a working group to revise the UNAIDS booklet "AIDS and HIV infection: Information for United Nations employees and their families".

HIV/AIDS awareness is a crucial component of the train-the-trainer courses organized and sponsored by DPKO to enhance national peacekeeping capabilities. It is also central to mission-specific pre-deployment training. Last month, for example, the United Nations Organization Mission in the Democratic Republic of the Congo HIV/AIDS policy adviser participated in the training for Namibian troops being deployed to Liberia. The HIV/AIDS policy adviser for the United Nations Mission in Ethiopia and Eritrea is currently assisting with a similar programme for Ethiopian peacekeepers.

To support in-mission programmes, there are now mission training cells in eight peacekeeping operations for military personnel. These cells work closely with the HIV/AIDS policy advisers and focal points to ensure that HIV awareness is included in induction programmes. Similar induction training is conducted for civilian police personnel. The HIV/AIDS policy advisers provide training for civilian personnel and civilian police. They also visit the contingents in the field, keeping step with troop rotations, and assist sector, contingent and unit commanders in designing ongoing awareness programmes.

Partnerships are fundamental to DPKO's response. In Sierra Leone, the United Nations Mission in Sierra Leone (UNAMSIL) has joined forces with the United Nations Development Fund for Women and the United Nations Population Fund (UNFPA) to run HIV/AIDS prevention, gender and human rights awareness workshops for peacekeepers. In Ethiopia and Eritrea, the training-of-trainers course for peer educators has formed a new partnership with the local group Bidho, which means challenge, which is the only organization for people living with HIV/AIDS in Eritrea. That organization is facilitating training on discrimination and stigma.

Ninety-two countries currently contribute over 42,000 military personnel and civilian police. This presents an immense challenge to our efforts to make training culturally specific. It is therefore very important for troop-contributing countries to

mainstream HIV awareness in their national training programmes and to make use of the technical assistance offered by UNAIDS. It would greatly help us if — wherever possible — Member States could identify individuals already trained as HIV/AIDS peer educators. We could then build on their expertise to reinforce our own initiatives. With this in mind, DPKO is actively seeking police officers that have experience as HIV peer educators or coordinators, when selecting potential candidates for deployment.

It is also critical that we maintain high levels of knowledge and training skills among our key personnel dealing with HIV/AIDS issues. Last year, DPKO, in cooperation with UNAIDS, UNFPA and the United States and Norwegian departments of defence, convened a workshop on malaria, HIV/AIDS and related diseases in peacekeeping operations for senior mission medical personnel and HIV/AIDS focal points. A total of 20 troop-contributing countries were also represented. This year, the HIV/AIDS policy advisers were brought together for a training seminar in Sierra Leone. DPKO and UNAIDS are already planning a workshop for 2004.

But our efforts do not stop at HIV/AIDS awareness and training. Some of the behaviour that increases the risk of contracting or transmitting HIV, such as engaging in sexual contact with commercial sex workers, is unacceptable and damaging to the central mission of peacekeeping.

I wish to underscore again a point I made last month when I spoke to the Security Council on resolution 1325 (2000), regarding women and peace and security: the DPKO takes a zero-tolerance stance regarding sexual abuse and exploitation by peacekeeping personnel. For example, updated disciplinary directives have been sent to missions, and reporting and investigation mechanisms are being strengthened. All personnel -- whether military, civilian or police — deployed in United Nations peacekeeping operations are required to uphold the highest standards of integrity. We seek to work with Member States to ensure that those standards are met and that cases of serious misconduct are properly addressed.

Resolution 1308 (2000) also encouraged Member States to provide voluntary confidential counselling and testing as part of the preparation for participation in peacekeeping missions. Voluntary confidential counselling and testing were also endorsed by the UNAIDS expert panel on HIV testing in United Nations peacekeeping operations.

In 2001, during discussions focusing on the so-called post-Phase V Working Group, the Secretariat suggested that voluntary confidential counselling and testing might be more universally performed if the United Nations reimbursed troop contributors for the technical costs of conducting HIV tests, both before deployment and upon return. A number of Member States opposed that approach, and therefore it has not been formally pursued. It is the intention of DPKO to bring this matter before the 2004 meeting of the post-Phase V Working Group, and I very much hope that the necessary consensus can be reached at that time.

DPKO is introducing voluntary confidential counselling and testing capabilities into missions. Such counselling and testing have been available in Timor-Leste since February of this year. A voluntary confidential counselling and testing centre has now been established in our Mission in Ethiopia and Eritrea. The Mission recently held a two-week training course for HIV/AIDS counsellors; the 21 participants included military and civilian staff as well as United Nations Volunteers. The Mission in Sierra Leone is planning a similar training session. DPKO also just conducted an assessment in the Democratic Republic of the Congo to assist in planning for voluntary counselling and testing facilities in the United Nations Organization Mission in the Democratic Republic of the Congo (MONUC). The effort will continue into 2004, when other missions will be assessed.

DPKO has also concluded a memorandum of understanding with the United Nations Population Fund for the provision of reproductive health items. Condoms are now available to both staff and uniformed personnel in all missions. Post-exposure prophylaxis kits are held at our medical facilities for cases of occupational exposure to HIV and of rape. Screened blood supplies for transfusions have long been part of our mission medical support.

Our efforts focus not only on how to reduce the risks of HIV transmission, but also on how to capitalize on the positive potential of peacekeepers as agents of change. When we train troops in gender awareness, human rights and child protection, we hope to influence not only their own behaviour, but also their ability to recognize and respond to sexual violence and

exploitation. That is part of creating a more secure environment; it is central to our mandate.

Peacekeepers can also share their knowledge about HIV with the local population. In Sierra Leone, for example, troops have organized sensitization workshops, cultural programmes, sporting activities and dramatic presentations to increase the level of HIV awareness in local communities. HIV/AIDS policy advisers frequently include local groups in their training sessions. In the United Nations Mission in Ethiopia and Eritrea (UNMEE), awareness programmes involve both contingents and the larger community. They target commercial sex workers, hotels, schools, youth and women's groups and local institutions. The Mission's work with the Eritrean and Ethiopian armed forces is the subject of the first in a series of UNAIDS case studies on engaging uniformed services in the fight against AIDS. In the Democratic Republic of the Congo, the HIV/AIDS policy adviser has worked with street children and local police. And in Timor-Leste, a six-week schedule of living testimony by an HIV-positive trainer included a special HIV peer education programme for the Timorese police force and local non-governmental organizations. The United Nations Mission of Support in East Timor is collaborating with Family Health International to ensure that that technical support continues. DPKO also includes HIV/AIDS awareness seminars in its training curriculums for local police forces.

I should especially like to acknowledge the very personal role played by the many United Nations Volunteers working in our missions, in reaching out to local populations affected by HIV and AIDS. For instance, in UNMEE, United Nations Volunteers have trained former commercial sex workers in tie-dye techniques to provide them with an alternative source of income. In the Democratic Republic of the Congo, United Nations Volunteers held a fund-raising event with MONUC's Afro-Caribbean group. They raised money to cover school fees for children orphaned by AIDS.

DPKO is also working to assist host nations at the strategic level. In the Democratic Republic of the Congo, for example, the HIV/AIDS policy adviser is providing guidance to the national armed forces on how to mainstream awareness programming. All policy advisers are members of the respective host-country United Nations Theme Groups on HIV/AIDS. Those Theme Groups assist in the development and implementation of national strategies to respond to the epidemic.

Equally important, our strategy has been to reinforce support for the issue within DPKO. During a joint conference in New York, Force Commanders and Chief Administration Officers were briefed on DPKO HIV/AIDS-related policy and initiatives. Missions are also setting up HIV/AIDS task forces to develop and oversee implementation of programmes at the field level. In Ethiopia and Eritrea, such a task force has proved instrumental in maintaining the energy of the Mission's response.

How do we measure the impact of our efforts? How do we know that behaviour is changing? Reliable data on HIV prevalence rates rarely exist in conflict-affected countries, and we are not in a position to carry out epidemiological surveillance of peacekeeping troops. But DPKO is carrying out more systematic mission assessments. We are working with UNAIDS to set up monitoring and evaluation systems, using such tools as a knowledge, attitude and practice survey specifically designed for the environment of peacekeeping operations. UNAIDS and the United Nations Children's Fund conducted a survey on the implementation of the United Nations workplace policy on HIV/AIDS in order to identify and respond to shortcomings. Conducting a similar survey within DPKO will help us to further develop our learning strategy for staff.

We need to ensure that we have dynamic and responsive HIV/AIDS programmes for the entire duration of a peacekeeping mandate. Our efforts to date are only the initial steps in what we envisage as an expanding and constantly evolving programme. That will mean fully staffing and supporting the HIV/AIDS offices; it will also mean strengthening existing partnerships and building new ones within the United Nations, with host nations and with Member States. If we are ever to turn the tide on this devastating pandemic, statements of good intentions must be translated into concrete and sustained action on the ground.

The President: I thank Mr. Guéhenno for his very comprehensive briefing.

I now give the floor to Mr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS.

Mr. Piot: Thank you, Mr. President, for this opportunity to brief the Security Council on action to implement resolution 1308 (2000), in relation to AIDS and security. I am particularly pleased to update the Council during Angola's presidency. As members are well aware, in many places the tragic legacy of conflict has been the spread of HIV. The Joint United Nations Programme on HIV/AIDS (UNAIDS) is redoubling its efforts to work with Angola's leaders to ensure that the peace dividend in Angola does not become the casualty of a more insidious enemy — AIDS.

When the Security Council first considered the issue of AIDS in January 2000 and subsequently adopted resolution 1308 (2000), it reshaped the global landscape of the fight against AIDS. The Council's actions laid the groundwork for the prominence given to AIDS as a security issue in the Declaration of Commitment on HIV/AIDS, adopted by the General Assembly in June 2001.

Subsequent resolutions of the Security Council — 1325 (2000) in relation to women, 1379 (2001) in relation to children and 1327 (2001) concerning the Brahimi report — have all reinforced the determination of the Security Council to ensure that global responses to conflict situations address the AIDS dimension.

I must note with some regret, however, that the Security Council has not taken the opportunity to expressly address AIDS in a number of recent resolutions establishing and extending United Nations missions, especially given that some of these missions are operating in regions which already have major HIV epidemics.

Nevertheless, the resolve on the part of the Security Council has been integral to winning the support of national Governments in responding in a more concerted fashion to the threat of AIDS in the peacekeeping context. But more than that, it has opened the door to UNAIDS, working with defence and civil defence forces in many countries, and it also signalled a need to address the myriad ways in which AIDS undermines regional and human security.

UNAIDS has addressed AIDS and security in three ways. First, we have taken action in conjunction with Department of Peacekeeping Operations (DPKO) in implementing the aspects of resolution 1308 (2000) which relate to peacekeeping forces, as we heard earlier from Under-Secretary-General Guéhenno. Secondly, we are spearheading a wider response to AIDS among uniformed services. Thirdly, we are expanding the response to AIDS as a pre-eminent humanitarian and security challenge. Let me now consider each of those issues in turn.

First, as we heard from Mr. Guehenno, UNAIDS and DPKO are now undertaking a solid collaborative effort; I will not repeat what he said. As a result, working jointly we have been able to ensure that responses to AIDS have permeated every peacekeeping operation.

The full-time AIDS policy advisers in major peacekeeping operations work on a daily basis on HIV prevention and care initiatives at mission level and with United Nations theme groups on HIV/AIDS and the UNAIDS country officers in the context of the various missions.

We are also currently establishing a comprehensive information base for the targeting and evaluation of HIV activities among peacekeepers. We have produced an AIDS awareness card with a pocket for a condom. It has been produced in 10 languages so far, with Chinese soon to be added. We are now providing 50,000 cards per year to peacekeeping missions and to troop-contributing countries for use in pre-deployment training.

Responding to a debate in the Council, I established, in November 2001, an Expert Panel on HIV Testing in United Nations Peacekeeping Operations, chaired by Australian High Court judge, The Honourable Michael Kirby, with the wide participation of uniformed services, as well as of DPKO. Its report has informed the formulation of DPKO policy, and I am heartened to see that DPKO is now clarifying its policy on testing to support the more extensive use of voluntary HIV counselling and testing in the context of peacekeeping missions. Earlier, we heard from Mr. Guéhenno about some of the details of the process, as well as about the achievements.

It is also true, however, that countries hosting peacekeeping missions are increasingly calling for the mandatory testing of peacekeeping troops. I remain convinced that this is a problem better solved upstream than downstream — that is, with sound policies in place, voluntary HIV testing should be a normal part of defence force operations.

While we have made undoubted progress in responding to AIDS as it has an impact on

peacekeeping operations, major challenges remain. First, as we heard earlier, we are still hampered by a lack of reliable data on the spread of HIV among peacekeepers and in conflict-ridden countries. UNAIDS is therefore ensuring that we have better baseline measures and the capacity to measure progress against them.

Secondly, AIDS responses among peacekeepers need to be backed up by concerted leadership. Defence ministers and chiefs of staff worldwide ought have AIDS on their radar screens to a greater extent. Thirdly, sustainability is a major challenge: peacekeepers are rotated through their missions in relatively short time frames, which makes it imperative that mission responses be reinforced in the ongoing programmes of uniformed services.

Let me now turn to my second point: the wider issue of AIDS in the uniformed services. Peacekeepers are drawn from, and demobilized to, national uniformed services. By working with uniformed services, in both troop-contributing and other countries, we establish the norms of conduct for uniformed personnel, and model effective AIDS response activities.

We are now working extensively with armed forces to ensure that HIV awareness and prevention takes place prior to deployment and that it is reinforced at demobilization. At least 38 countries worldwide now have a national strategy addressing AIDS in the uniformed services, which was one of the goals of resolution 1308 (2000).

UNAIDS — including our co-sponsors, especially the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime, the United Nations Development Programme, the World Health Organization and the United Nations Children's Fund — is engaged in approximately 50 countries, working with young recruits, peacekeepers, police and immigration officers in the prevention of HIV and to strengthen HIV care. We have produced key tools — programming guides and a peer-education kit. Young recruits — both men and women — are a particular focus, because like other young adults, they are those primarily at risk.

One aim has been to institutionalize training on AIDS into training curricula for uniformed services. This has been achieved in Ukraine's defence forces, with support from UNAIDS and, in particular, UNFPA. Similar efforts have targeted border guards in West Bengal and military and police forces in Uruguay, and are beginning among law enforcement agencies in the Russian Federation and Belarus.

In order to allow wider lessons to be drawn, UNAIDS is publishing case studies of HIV prevention and care among armed forces and United Nations peacekeepers in Eritrea — as can be seen from the report that is before Council members — and it will also do so shortly in the case of Ukraine and Thailand. The results of that first study are both sobering and hope-giving. They have identified gaps for better action by all of us. We have also placed special emphasis on recruiting gender advisers in conflict and post-conflict situations, as members heard earlier.

Complementing the emphasis on uniformed services, we have intensified our actions targeting all United Nations system staff. The AIDS awareness card for peacekeepers, for example, is being adapted for use among all humanitarian workers, and the uniformed services peer education kit is serving as a model to extend HIV-related peer education to all United Nations staff.

Thirdly and finally, let me just mention briefly the wider context in which AIDS constitutes a threat to global security, as presaged in resolution 1308 (2000) — although it also extends further.

In the worst-affected regions, AIDS now constitutes a full-blown crisis of human capacity. It is profoundly exacerbating economic instability and food insecurity, and may even affect governance and lead to State failure. The coming generation of orphans will require unprecedented levels of support. Last month, the United Nations Chief Executive Board approved a plan, submitted by the World Food Programme and UNAIDS, for intensified United Nations system action on AIDS in Southern Africa — a plan that calls for an all-out effort combining longer-term development and emergency-type humanitarian support, because both are necessary today in those countries that are most affected.

While part of our action is directed at regions where the epidemic is newly emerging and therefore most containable, such as Eastern Europe and throughout Asia, we also need to attend to those States where AIDS has so eroded national capacity that massive and coordinated delivery of emergency

assistance for development is needed to stave off State collapse.

When the Security Council first considered AIDS in January 2000, it was truly breaking new ground. What the Council achieved then has been of lasting merit. It set in train a process which has enabled us to place peacekeepers and uniformed services in the forefront of effective global AIDS responses.

In the new year, I look forward to presenting to the Council a detailed progress report on results obtained in relation to resolution 1308 (2000). However, the extent of action among peacekeepers and uniformed services is already evident.

HIV represents a challenge to every one of the 42,000 soldiers and police officers under United Nations command. Many are serving in high-prevalence regions — a third are in Africa — and all face the strain of separation from families and of stressful working conditions. Unless the HIV challenge is met, the sustainability of those operations — and their invaluable contribution to global security — will be under threat.

But for the personnel involved, a peacekeeping mission is only a relatively small part of their career. We cannot rely only on HIV education efforts delivered in the context of peacekeeping operations. I urge Member States to ensure that all uniformed services, including future and returning peacekeepers, are able to participate in ongoing HIV programmes.

Our goal, pursued jointly with DPKO, is a simple one. We want to ensure that peacekeepers and all uniformed personnel are leaders in the fight against AIDS — as we just heard.

AIDS is not only the great moral challenge of our time. It is also a massive barrier to development, the cause of economic crisis, and a fundamental threat to security and to the basic stability of many nations. We thank the Security Council for the part it has played in recognizing and meeting that challenge, and look to its continued leadership in doing so.

Sir Emyr Jones Parry (United Kingdom): Mr. President, I should like to begin by thanking you for having taken this initiative and Peter Piot and Jean-Marie Guéhenno for their respective briefings.

It is timely that we should have this discussion two years after the Council's last discussion on HIV/AIDS, when the Secretary-General's latest report on progress towards implementation of the Declaration of Commitment on HIV/AIDS — adopted at th special session of the General Assembly — makes such stark reading. Simply put, we are failing to tackle the global HIV/AIDS pandemic effectively. We know now that the 2005 targets set by the special session of the General Assembly will not be met. Yet, more than ever, we know what must be done.

This is unacceptable. We must bridge the gap between our knowledge and effective practice and implementation. Cementing the collective political will to achieve this is our challenge, and we must act quickly.

I have heard it argued that the Security Council has no business discussing HIV/AIDS, as though resolution 1308 (2000) did not demonstrate vividly why this pandemic affects international peace and security. People living in conflict are at greater risk of sexual violence. Demobilizing forces pose a particular risk. Military forces tend to have higher infection rates than civilians. If life expectancy is falling by a generation in a decade — let me repeat that: falling by a generation in a decade — how can that not be a threat to the security of the State?

The United Kingdom believes that the scale of the challenge demands responses from the different organs of the United Nations and from its agencies. It is not a question of who should act, but of whether collectively we all are doing as much as we can and as much as needs to be done.

Of course, there are institutional sensitivities around this issue, but HIV/AIDS, from the very beginning, has been a sensitive issue — sensitive for individuals, for families and communities; sensitive also for our Governments and for regional and international institutions. But not addressing it will not make it go away.

With that in mind, I believe that there is a fundamental question for the Security Council: can and should we be doing more to support the Secretary-General's leadership in combating the global emergency that is HIV/AIDS?

In addressing that question, I should like to make three key points today: first, the need for an assessment of the link between human security and HIV/AIDS; secondly, the need for more thorough monitoring and

evaluation of the progress being made towards implementing resolution 1308 (2000); and, thirdly, the need for substantive Security Council sessions to be scheduled in 2004 and 2005 to explore those issues further.

Before turning to those issues, I should like to say something about HIV/AIDS and peacekeeping operations in the context of resolution 1308 (2000). It is now widely accepted that a nationally owned, multisectoral approach is necessary for tackling HIV/AIDS effectively. Such an approach should include the civil and military security sectors, as well as the health, education and other relevant sectors.

But at the same time, we are placing greater emphasis on finding regional solutions to regional conflicts, including the deployment of peacekeeping troops from concerned regions. We know that, in some of the worst-affected HIV/AIDS regions, the infection rate in the general population can be as high as 37 per cent. But in some areas, we know that the rate among civil and military security personnel can be two to five times greater than the rate in the general population.

Not only does this pose a risk to national security and stability, it also undermines the potential for regional peacekeeping operations in the worst-affected areas. As a shrinking pool of adult workers is available, and as the number of orphans increases dramatically, it is not hard to predict a future in which many countries and regions will face severe difficulties maintaining their internal stability and increasing their global influence as they struggle to cope with the impact. All that undermines the potential for peacekeeping.

We therefore warmly welcome and endorse the work of the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Department of Peacekeeping Operations (DPKO) and others in supporting Governments in their efforts to develop national strategies for raising awareness and to develop training programmes and testing and counselling services for controlling the spread of HIV/AIDS among civil and security services.

I think that it is indeed encouraging to hear of the progress which has been achieved. It is essential that the work of UNAIDS and DPKO continue with the full support and backing of the Security Council. But we also believe that it is important that more work be undertaken to identify the scale of the problem and the impact of the response so far. Consideration of lessons learned will help us to identify what more needs to be done, by whom and when.

If I could turn to wider issues, I should like to quote the United States Secretary of State, Colin Powell, at the special session on HIV/AIDS in September, when he described HIV/AIDS in the following terms:

> "more devastating than any terrorist attack ... or any weapons of mass destruction ... as cruel as any tyrant ... AIDS can destroy countries and destabilize entire regions." *(see A/58/PV.4)*

The United Kingdom shares those sentiments. HIV/AIDS has enormous potential to unravel societies, destroy economies and roll back the development gains of the last 30 years. In the worst affected regions, and in particular in sub-Saharan Africa, it attacks the human resource base and erodes the institutional capacity that is vital to enduring stability and security. The recent food crisis in Africa is only one symptom of the effect of HIV/AIDS on human security.

The Security Council must be clear that it is fulfilling its potential in working collectively with the General Assembly and the Economic and Social Council to ensure that the United Nations system's overall response is coherent, integrated and effective. Understanding more fully the link between human security and HIV/AIDS is a potential knowledge gap. We should act to close this. Only when our understanding of this issue is enriched through discussion and debate will we be able to pinpoint the full scope and range of the Security Council's potential role.

But we need to minimize the threat we have just heard about, to United Nations peacekeeping and to societies where peacekeepers are operating. Let us open ourselves to this challenge and in doing so provide a powerful incentive to action in support of the Secretary-General's leadership on this issue. I would like to make three specific proposals: first, that in 2004, on the basis of a progress report from the Secretary-General, the Security Council should hold a further discussion on HIV/AIDS to consider how we might strengthen our response to Security Council resolution 1308 (2000). Secondly, we should draw on the experience of UNAIDS, DPKO, civil society groups and others in order to offer a clear evidence base for the links between peace, security and HIV/AIDS and, crucially, with suggestions for action.

Thirdly, we should ask the Secretary-General to bring both strands together in a definitive assessment for consideration by the Security Council in 2005.

In conclusion, I would like to recall the Secretary-General's words to the General Assembly's follow-up to the outcome of the twenty-sixth special session, in September:

> "We cannot claim that competing challenges are more important or more urgent. We cannot accept that 'something else came up' that forced us to place AIDS on the back burner. Something else will always come up. That is why we must always keep AIDS at the top of our political and practical agenda". (*A/58/PV.3, p. 3*)

Two weeks before World Aids Day, let us send a clear signal of the Security Council's determination to help the Secretary-General maintain HIV/AIDS on that front burner.

The President: I thank the representative of the United Kingdom, and particularly for the very good proposals he has advanced.

Mr. Cunningham (United States): I would like to start by commending you, Mr. President, for convening today's meeting on the implementation of Security Council resolution 1308 (2000). This is a vitally important subject. I also want to thank Under-Secretary-General Guéhenno and Mr. Piot for their updates, their statements and for their work.

It is clear that collectively we have accomplished a lot, but we can also see the need for strong continued joint efforts in the future.

Nearly four years ago, on 10 January 2000, we witnessed the very first meeting of the Security Council to discuss a health issue, HIV/AIDS. I recall very well that at first we debated whether we even ought to be addressing the issue and whether HIV/AIDS did indeed present a threat to international peace and security. In the end, the members of the Council reached agreement that HIV/AIDS merited the attention of the Security Council because HIV/AIDS threatens to kill more people and undermine more societies than any specific conflict we deal with in the Security Council. Indeed, how could it not be a threat to international peace and security?

Moreover, because HIV/AIDS strikes the young — young soldiers, young parents, young Government workers, young doctors and young teachers, it threatens the futures of many countries.

As United States Secretary of State Powell said in his remarks at the United Nations General Assembly special session in June 2001, "No war on the face of the earth is more destructive than the AIDS pandemic" (*A/S-26/PV.1*). Ambassador Jones Parry noted his comments to the special session in September 2003.

There cannot be any doubt that today, nearly four years after that first discussion in the Council and three years after the adoption of Security Council resolution 1308 (2000), that HIV/AIDS remains an urgent threat to peace and security.

Security Council resolution 1308 (2000) addresses the linkages among HIV/AIDS, peace and security. The last discussion held on the resolution took place in January 2001, nearly three years ago. Today we have heard from the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Department of Peacekeeping Operations (DPKO) on the challenges of implementation and the progress made so far, and they do, indeed, have much to report — more than could be easily contained in brief oral presentations to the Security Council.

Much of what we have heard today is encouraging. It is good to hear of the strength and cooperation between UNAIDS and DPKO. We are pleased with the placement of an HIV/AIDS policy adviser in the Department of Peacekeeping Operations. We note the significant progress this individual has made on implementing DPKO's responsibilities with regard to Security Council resolution 1308 (2000). We also note the placement of HIV/AIDS policy advisers and designational focal points in certain missions. They should be with all missions and I note Mr. Guéhenno's description of DPKO's intent to see that that they are.

We are also pleased to hear of the significant efforts DPKO is making with regard to awareness training. The HIV/AIDS awareness cards that were called for in January 2001 now represent a powerful potential tool in the education not only of peacekeepers, but also national and regional armed forces. They should be standard issue for all peacekeeping operations as soon as possible.

I commend Mr. Piot's personal commitment to the implementation of Security Council resolution 1308 (2000) and acknowledge the contribution of the

Director of the UNAIDS office on AIDS, Security and Humanitarian Response. We commend UNAIDS for the work it has done in support of national responses to HIV/AIDS among uniformed services. This is essential to dealing with the problem, and they have done a lot of good work. We are particularly impressed with the document series entitled "Engaging uniformed services in the fight against HIV/AIDS, including the review of policy and programmes among peacekeepers and uniformed services". Members have some of the documents on their desks in front of them.

It is important to acknowledge that progress has been made, but so much still remains to be done. Mr. Guéhenno spoke of the key challenge of increasing awareness among participants in peacekeeping operations and local communities they come into contact with, about the causes of HIV/AIDS and how to prevent its spread. I noted his comments about the difficulty of working with 92 nations and 42,000 personnel in the field. This is certainly a daunting task, but UNAIDS efforts to work with national militaries are a key instrument in dealing with HIV/AIDS, as are the United Nations own efforts.

I also took note of what Mr. Guéhenno said about the need for more systematic mission assessments and the need for expanding constantly evolving programmes. That is certainly correct. In that regard we would be interested to know if it is possible to measure the relative success of HIV/AIDS focal points, as compared with that of HIV/AIDS policy advisers in the missions that have them. We are also gratified to see that there is now a full time position for an HIV/AIDS adviser and acknowledge the generosity of the Government of Denmark in funding the DPKO HIV/AIDS Trust Fund. We are concerned about what will happen with this position when funding runs out for it in 2004. I would like to ask if DPKO and UNAIDS have plans to establish a permanent position.

At the very highest levels my Government is totally committed to the global fight against HIV/AIDS. The United States is the largest donor of HIV/AIDS assistance, providing almost half of all international HIV/AIDS funding in 2002. We have bilateral programmes in over 75 countries, and in January President Bush announced a $15 billion five-year emergency plan for HIV/AIDS relief. In May that plan was signed into law with overwhelming congressional support. That represents the largest single commitment of funds in history for an international public health initiative on a specific disease. The plan continues our broad bilateral programmes, while focusing on 14 of the most afflicted countries in Africa and the Caribbean. The United States is also the single largest contributor to the Global Fund to Fight AIDS, Tuberculosis and Malaria, with pledges totalling $1.6 billion. In addition, we are specifically committed to helping to implement resolution 1308 (2000) nationally and in our bilateral relations.

As part of the international partnership against HIV/AIDS in Africa, the United States Department of Defense has been working with African armed forces to help create policies dealing with HIV/AIDS within a military setting by developing prevention education programmes that reach both African troops and African communities, in order to reduce the spread of HIV/AIDS among their personnel. Recent legislation expanded the programme to include global HIV/AIDS prevention among additional military services. Through this programme, our Department of Defense has helped selected armed forces to establish HIV/AIDS policies for their personnel, adapt and provide HIV prevention programmes, train military personnel to implement, maintain and evaluate HIV prevention programmes and assist countries to develop effective intervention into military culture to reduce high-risk attitudes and behaviours.

The United States also underwrote the preparation and printing of a United Nations training booklet on HIV/AIDS awareness and prevention to be used by peacekeeping forces.

Within our own uniformed services, the United States military has a policy of mandatory testing. Each year commands are required to conduct a certain amount of mandatory prevention training, emphasizing avoidance of high-risk behaviour. And, significantly, initial training for military personnel on this issue is documented in their service records. My Government remains committed to pursuing the full implementation of resolution 1308 (2000) and we are exploring ways to making implementation more effective. HIV/AIDS is entirely preventable and by effectively implementing this resolution transmission among peacekeepers, national uniformed services and the communities they serve can be prevented.

I listened with interest to the proposals of my British colleague and would like to second his request

that the Department of Peacekeeping Operations and UNAIDS submit a formal report to the Council next year, with the Council returning to this issue on a regular basis.

Mr. Muñoz (Chile) (*spoke in Spanish*): We are most grateful to you, Mr. President, for convening this meeting to discuss implementation of Security Council resolution 1308 (2000). The meeting reflects your wisdom and we commend you on the competent way in which you have conducted the work of the Security Council. We are also grateful for the reports submitted by Mr. Guéhenno, Under-Secretary-General for Peacekeeping Operations, and by Mr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

HIV/AIDS has spread very rapidly since its first appearance and diagnosis in the early 1980s and has had an enormous social impact — becoming a global pandemic, which has caused over 24 million deaths. With the approval of resolution 1308 (2000), we began consideration of a new dimension in the AIDS problem: its multifaceted impact on stability and security. As indicated by UNAIDS,

> "In regions where HIV/AIDS has reached epidemic proportions, it destroys the very fabric of what constitutes a state: individuals, families, communities, economic and socio-political institutions, and the military and police forces which guarantee the protection of State institutions." (UNAIDS, Fact Sheet No. 1)

And as the UNAIDS report on Eritrea, which has been circulated at this meeting, quite rightly states, for a small country like Eritrea, AIDS "is an invisible enemy, which became a problem of national security". Moreover, it has also been determined that in conflict and post-conflict areas military personnel taking part in peacekeeping operations have a high risk of acquiring and transmitting AIDS. Research indicates that the changing nature of peacekeeping operations is a significant factor in this process. Indeed, over the last decade the role of troops in peacekeeping operations has changed. Now peacekeepers are required to become involved in a number of humanitarian areas that are not related to their military status proper. As indicated by a prominent expert, Dr. Tripodi, the risk of infection for military personnel increases when military contingents are required to intervene in complex emergencies. Those are often situations or countries where civil institutions have collapsed and therefore prevention of HIV becomes very difficult, if not impossible. In some countries where peacekeeping forces are deployed there is no such thing as a health ministry, or else it has disappeared.

Reports also show that constant and prolonged absence from family and military pressures lead to situations that tend to spread the disease. This is not to detract from the great success that has been achieved in using peacekeeping operations for humanitarian purposes in war or civil war situations, it is simply meant to point out the need to take additional precautions.

The UNAIDS report "On the front line" adds yet another dimension to the problem. The United Nations has developed a coordinated approach to implementing resolution 1308 (2000) on HIV/AIDS prevention during the conduct of its own peacekeeping operations, but apparently that approach does not apply when the United Nations is replaced by regional institutions in conducting peacekeeping operations, such as the NATO, the African Union, ECOWAS, etc.

In the case of Chile, our army has created a monitoring network with detection centres deployed around the country that have an infrastructure adequate for their operation, technical procedures and qualified personnel, all of which is part of a larger AIDS prevention programme. We have pursued the same goals in preparing our military personnel deployed to peacekeeping operations in post-conflict zones such as Timor-Leste, Kosovo or the Democratic Republic of the Congo, so that our training programmes have not only enabled our national forces to avoid contagion, but are also allowing them to help in educating some of the people of those countries about different methods of prevention, detection systems and treatment support.

We are, of course, prepared to make known the lessons we have learned in this process to any country interested in our experience in this field.

To conclude, let me express support for the recommendations made by UNAIDS and the report I have mentioned, and to request that on the anniversary of resolution 1308 (2000), in July of next year, a joint report between the Department of Peacekeeping Operations (DPKO) and UNAIDS be drafted, setting forth the advances in the implementation of this important resolution.

Mr. Isakov (Russian Federation) (*spoke in Russian*): We would also like to thank the Under-Secretary-General, Mr. Guéhenno, and Mr. Piot for their extremely informative briefings.

We attach great importance to the coordination of international efforts, with a central role being played by the United Nations, to deal effectively with the most burning global challenges, one of which is undoubtedly HIV/AIDS. We believe that consideration of this issue is appropriate in the context of the peacekeeping operations of the United Nations. The global fight against HIV/AIDS requires firm political leadership, personal commitment and agreed specific measures, backed up by technical and financial resources. This was a point well made by the Minister for Foreign Affairs of Russia, Mr. Ivanov, when he spoke in September this year at the General Assembly's special session on the review of the implementation of the Declaration of Commitment on HIV/AIDS, which had been adopted at the twenty-sixth special session of the General Assembly in 2001.

The General Assembly and the Economic and Social Council have already done a lot in elaborating an effective strategy to react to the spread of HIV/AIDS. We would also commend the practical work done in this area, primarily by UNAIDS, and also by the World Health Organization, the United Nations Children's Fund, the United Nations Population Fund, the United Nations Development Programme and a number of other agencies in the United Nations system.

A major role is being played by Secretary-General Kofi Annan, who is constantly focused on this issue, who is personally committed and who was actively involved in establishing the Global Fund to Combat HIV/AIDS, Tuberculosis and Malaria.

From the very beginning, the Russian Federation has supported the idea of setting up that Fund; we helped in the organizational and legal arrangements and in its actual establishment. We have already contributed $4 million to the Fund and, in December, we plan to contribute a further $1 million out of the total amount pledged by the President of the Russian Federation, Mr. Putin, namely, $20 million.

HIV/AIDS is a serious hindrance to development for States. This devastating epidemic gobbles up the resources and potential of countries and has a negative impact on the overall socio-economic situation, and in the final analysis, as in the case of any other serious global problem, it has a negative impact on international security and stability.

Given this context, overall consideration by the Security Council of this issue is quite understandable. The Council considered it in connection with the impact of AIDS for peace and security in Africa in January 2000, and in connection with peacekeeping operations in July 2000.

The President: I welcome the presence of the Secretary-General for this important debate.

Mr. Mekdad (Syrian Arab Republic) (*spoke in Arabic*): I would like to express our appreciation for holding this meeting, which comes within the framework of international efforts to combat the spread of the AIDS epidemic, particularly concerning peacekeeping operations that exist in different parts of the world. What we aim for is to create awareness and to train the members of peacekeeping operations on the question of prevention of and dealing with this epidemic in order to contain it and to prevent its spread in the field. Allow us, Mr. President, to share your welcome of the Secretary-General of the United Nations, and his presence in our midst, while we discuss this very important item.

We would like to thank the Under-Secretary-General for Peacekeeping Operations, Mr. Jean-Marie Guéhenno, for the information he provided on the implementation by the Department of Peacekeeping Operations (DPKO) of the relevant paragraphs on the matter contained in resolution 1308 (2000). We would like to indicate that awareness, training and commitment to the measures followed by the administration are in the final analysis part of the comprehensive international campaign to combat this epidemic and to put an end to it.

My delegation would like to express its admiration and satisfaction with the content of the report of Mr. Guéhenno concerning the measures to combat AIDS within the framework of peacekeeping operations, particularly since my country, beginning in 1974, hosts some 1,000 peacekeepers in the framework of the United Nations Disengagement Observer Force. We would like to thank Mr. Peter Piot, Executive Director of UNAIDS, for his statement, which contained basic points and facts that the international community has to take seriously into account in order to contain this epidemic. We would like to confirm that

the efforts of UNAIDS are basic and vital within the framework of international efforts.

The General Assembly, the Economic and Social Council and relevant United Nations agencies, particularly the World Health Organization, are basic to the ability of the international community to deal with this epidemic, taking into consideration the effect of this disease on stability and security in some countries. We would like to indicate here that international efforts and international cooperation are basic and necessary for pushing forward the positive steps that have been taken to date. We would like to express our appreciation for the efforts made personally by the Secretary-General Kofi Annan in this respect.

There is an urgent need to earmark more money at both international and national levels. There is a need to support the Global Fund to Combat AIDS, Tuberculosis and Malaria and to provide medicines that are affordable to those infected, in particular in developing countries. We cannot forget the vital role played by non-governmental organizations, and national and international organizations that are active in this field. This contributes to reinforcing international efforts to combat HIV/AIDS. The document issued from the twenty-sixth special session of General Assembly on HIV/AIDS represents an important basis for the international community's combat against this disease. I would like to confirm that the elimination of this disease depends on cooperation among the countries of the world and on providing assistance to poor and developing countries in order to support their national efforts. This is by necessity linked to international, technological and scientific advances, which should lead to the provision of preventive vaccines, to better treatment and to the development of better medicines.

The Government of the Syrian Arab Republic was cognizant of the danger of this disease at an early stage, particularly for the armed forces, and it considered HIV/AIDS a main source of concern. In 1987, it established a national programme to combat HIV/AIDS. It set up a multisectoral, strategic national plan, which led to the establishment of a national committee on AIDS, that has made efforts in all fields, as mentioned in the Declaration of Commitment on HIV/AIDS.

Thanks to the efforts of health authorities in Syria and the role played by private organizations and the social and religious institutions, the rate of the spread of this disease is very modest. In 2003, the National Committee to Combat AIDS and Sexually Transmitted Diseases sought to achieve the following: enforcement of the commitment of all national authorities in efforts, national plans and educational and media activities to combat AIDS; reinforcement and development of capacities and national resources to combat AIDS and sexually transmitted diseases and to provide care to the infected; the integration of AIDS prevention programmes into reproductive health programmes, primary health care and school curricula; reinforcement of the role of health research and epidemiology studies; and the establishment of an AIDS database. We pay special attention to the question of increasing health awareness among individuals, particularly the armed forces.

Despite all that, the basic obstacles impeding national efforts to achieve the objectives of the Declaration of Commitment lie in the lack of financial and human resources to support the efforts made so far.

Finally, I wish to reaffirm once again that Syria is fully prepared to do everything possible to reinforce our collective effort to face this epidemic in order to guarantee a brighter and healthier future for humanity.

Mr. Trautwein (Germany): Germany welcomes the initiative by the Angolan presidency to organize this follow-up to Security Council resolution 1308 (2000). We thank the Under-Secretary-General, Mr. Guehenno, and Mr. Peter Piot of the Joint United Nations Programme on HIV/AIDS (UNAIDS) for their comprehensive reports on the implementation of that resolution, and we welcome the Secretary-General and thank him for participating in this meeting and thus underlining the universal importance of this topic.

We would also like to recall Ambassador Holbrooke's personal involvement and advocacy role in highlighting HIV/AIDS as a global security threat, which was instrumental in putting HIV/AIDS on the agenda of the Security Council, as well as in drafting and implementing resolution 1308 (2000).

A lot has been achieved. Worldwide efforts to combat the epidemic have been stepped up significantly, but we also have to acknowledge that, despite these increased efforts, the number of HIV-infected people and those who suffer from AIDS is still growing, and there are worrying indications that

regions that had been spared the scourge are increasingly being hit.

The special session of the General Assembly on HIV/AIDS in June 2001 was a further major step in fostering support for the global fight against HIV/AIDS. Its outcome Declaration of Commitment sets a comprehensive framework for an effective response, including time targets for reaching certain goals and also with regard to the interrelationship between armed conflict and the spread of HIV/AIDS. This process must be closely followed up in the General Assembly and the Security Council. We therefore welcome the high-level meetings in the General Assembly on 22 September with many heads of State and Government participating. Other important initiatives such as the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria and the efforts of the World Health Organization must also be mentioned.

The Global Fund has developed into a very effective additional tool to mobilize desperately needed financial resources that could also be used for specific programmes called for by resolution 1308 (2000). In support, Germany has pledged €300 million to the Fund up to 2007.

We are encouraged to learn from the presentations of Mr. Guehenno and Mr. Piot that the Department of Peacekeeping Operations (DPKO) and UNAIDS have already implemented a number of concrete steps. They will allow, at the same time, the threat of HIV/AIDS spreading in conflict zones to be minimized and the local populations and deployed peacekeeping troops to be protected from infection. We strongly believe that mainstreaming HIV/AIDS training should be an integral part of every mission. We view resolution 1308 (2000) in combination with resolution 1325 (2000) on women and peace and security and resolution 1460 (2003) on children and armed conflict. All three resolutions are key components in setting up future peacekeeping missions.

In that respect, the recent negotiations on the creation of the United Nations Mission in Liberia were very encouraging. There is clearly an increased awareness in the United Nations system, as well as in the Council, that these three issues are closely interrelated and need to be prominently addressed in order to achieve long-term sustainable success for a peacekeeping mission. We also strongly encourage DPKO to continue its collaboration with the United Nations Development Fund for Women on deploying gender advisers for conflict and post-conflict situations.

We fully agree with the key message of Mr. Guéhenno and Mr. Piot that even more has to be done to reduce the risk of peacekeepers contracting or spreading HIV/AIDS. In that regard, and using the language of the Declaration of Commitment, my delegation would like to reiterate that prevention must be the mainstay of our response. We fully subscribe to the idea that peacekeepers and uniformed personnel can and must be leaders in the fight against the spread of HIV/AIDS. We therefore encourage DPKO and UNAIDS to continue to emphasize pre-deployment training, as well as continuous awareness and educational activities during deployment in high-prevalence countries, including through HIV/AIDS advisers.

We also wish to underline that the primary responsibility for selecting adequately trained personnel remains with the deploying countries. They must ensure that only peacekeepers who are aware of the risk of deployment in a high-prevalence country and who know the key precautionary measures are deployed. We all have to do more at the national level to strengthen HIV/AIDS awareness in our armed forces, particularly at a time when young people in many Western countries, including Germany, are less and less aware of the risk of HIV/AIDS infection. This, of course, includes increased voluntary testing before and during deployment.

We believe that, almost three years after the adoption of resolution 1308 (2000), appropriate facilities for voluntary testing should be an integral part of all peacekeeping operations. However, that does not always seem to be the case. In the summer, we learned, from the report on the visit of the Security Council mission to the Great Lakes region, that the United Nations Organization Mission in the Democratic Republic of the Congo did not have testing facilities at the time. We are grateful for the information given by Under-Secretary-General Guéhenno that that has since been addressed.

Finally, let me add my delegation's support for the proposal by various speakers that this Council take up the subject at a future meeting in 2004.

Mr. Wang Guangya (China) (*spoke in Chinese*): At the outset, I wish to thank Under-Secretary-General Guéhenno and Mr. Piot for the comprehensive and detailed briefings they have just given. The briefings are particularly useful in helping us to gain a full picture of the implementation of resolution 1308 (2000) and the challenges ahead. The relevant recommendations made by the speakers are also highly enlightening and merit the Council's serious consideration.

We welcome the presence of the Secretary-General at our debate today.

HIV/AIDS not only threatens human physical health, but also seriously impedes the economic and social development and stability of the affected countries and regions. It has become one of the contemporary world's most salient non-traditional security issues. In recent years, the international community and the United Nations in particular have paid increasing attention to the issue of HIV/AIDS. At the recent high-level meeting on HIV/AIDS, countries reaffirmed their resolve and confidence that they will prevail over the disease. It is now an urgent imperative that we pursue effective action, further enhance cooperation and support and coordinate with the United Nations in these efforts. The Security Council can also play its due role in facilitating the resolution of this problem.

China welcomes the series of positive steps taken by the Department of Peacekeeping Operations, on the basis of the relevant Security Council resolutions, to increase HIV/AIDS prevention awareness among peacekeepers, to deploy policy advisers on the epidemic and to revise the code of conduct for peacekeepers. These steps will undoubtedly help to ensure the safety of peacekeepers and allow them to fulfil the Security Council's mandates with all diligence. We hope that the Security Council will continue to strengthen its coordination and cooperation with the relevant international bodies, allowing them to exploit the strengths of their respective comparative advantages and division of labour and to promote the attainment of the Millennium Development Goals in the anti-HIV/AIDS campaign, in accordance with the timetable that has been set.

The Chinese Government has vigorously participated in international cooperation in the fight again HIV/AIDS. We have pledged $10 million in contributions to the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. We are engaged in cooperation projects with the countries concerned and are actively exploring the possibility of cooperation with African countries. China is ready to continue to work with the international community in a tireless effort to reduce the risk and damages of HIV/AIDS and to promote common development.

Mr. Raytchev (Bulgaria): First of all, I would like to express my delegation's gratitude to you, Sir, for having convened this important meeting and for your contribution to putting the HIV/AIDS issue high on the agenda of the Security Council. I would also like to express our thanks to Mr. Jean-Marie Guéhenno, Under-Secretary-General for Peacekeeping Operations, and to Mr. Peter Piot, Executive Director of the Joint United Nations Programme on AIDS (UNAIDS), for their comprehensive and enlightening statements.

I also take this opportunity to welcome the presence of the Secretary-General, which is in itself a proof of the importance of the issue we are discussing today.

The massive and rapid spread of HIV/AIDS is truly alarming and a cause for justified concern. The epidemic causes tremendous human suffering, especially in those countries that lack sufficient resources for treatment, care and support. The HIV/AIDS epidemic is not just a health-care issue. It truly has demographic, economic, social and ethnical dimensions. The AIDS pandemic has become the cause of a severe development crisis that is destabilizing entire societies and posing threats to peace and security. My delegation fully recognizes — as reflected in Security Council resolution 1308 (2000) — that there is a clear link between the AIDS pandemic, peace and security. Movements of people resulting from conflict fuel the spread of HIV/AIDS, but the epidemic itself also causes social and economic crises that can threaten stability and security. Fighting the spread of HIV/AIDS is therefore linked to preventing armed conflict. It needs the coordinated response of all relevant United Nations bodies, including the Security Council.

Resolution 1308 (2000) addresses not only peacekeepers' health and the dangers of spreading the disease, but also their advocacy role as promoters of responsible behaviour. Bulgaria is convinced that peacekeepers can contribute to the work of prevention.

We welcome the ongoing discussions in the United Nations system on the ways in which conflict and humanitarian situations sometimes bring about an elevated risk of HIV transmission for refugees and host communities, as well as for the personnel of the United Nations and non-governmental organizations in the field.

In this regard, we agree that there is a need for continued efforts to be made to implement the plans of action on HIV/AIDS that already exist. My country fully supports the goals set in the Declaration of Commitment adopted by the General Assembly at its twenty-sixth special session on HIV/AIDS. Bulgaria has implemented the major objectives of the Declaration of Commitment on HIV/AIDS for 2003 and has pledged its political, civil and personal commitment to attaining the goals set for 2005 and 2010.

Bulgaria is fortunate to rank among the countries with low HIV/AIDS prevalence. Nevertheless, the Bulgarian Government has clearly shown that there is a strong political will and readiness to undertake the necessary actions to maintain the low HIV/AIDS prevalence in the country. Furthermore, my country considers national strategies to be crucial to coping with HIV/AIDS and encourages the development of long-term national strategies that include education, prevention, voluntary and confidential testing, and counselling. In 2001, the Bulgarian Government adopted a national strategy and a national action plan for prevention and control of AIDS and sexually transmitted diseases for the period 2001-2007.

We are well aware that national Governments have the primary responsibility for ensuring that peacekeepers are adequately trained and educated. In that respect, I would like to point out that Bulgarian military personnel receive regular training on all aspects of HIV/AIDS prevention. It is an established practice in Bulgaria to offer peacekeeping personnel voluntary and confidential counselling and testing. Bulgarian peacekeepers in the field are offered counselling and testing. Furthermore, focal points on HIV/AIDS are included for Bulgarian peacekeeping personnel. In 2003, a series of information campaigns on HIV/AIDS have been held for the Bulgarian armed forces. Bulgarian military personnel have taken part in education programmes on HIV/AIDS strategic planning in Monterrey, in the United States. In this regard, we would recommend that all nations that contribute troops to United Nations peacekeeping operations offer voluntary and confidential counselling and testing, both pre- and post-deployment.

My delegation commends UNAIDS and the Department of Peacekeeping Operations for their efforts in the area of HIV/AIDS and peacekeeping. We note with satisfaction the broad approach taken by UNAIDS and the Department in addressing the HIV/AIDS problem with respect to military and civilian peacekeeping personnel, as well as to humanitarian workers and vulnerable populations. Bulgaria strongly supports the aforementioned approach and urges all United Nations bodies to cooperate fully and at all levels with UNAIDS and the Department of Peacekeeping Operations.

The HIV/AIDS pandemic can be addressed appropriately only if the entire United Nations system acts on a global scale and in a holistic manner. Openness, global solidarity and firm political leadership are essential if we want to bridge the gap of stigma, discrimination and denial. The world is now facing a formidable challenge. It must stand up for the protection of human rights and dignity to successfully combat the pandemic of AIDS, a disease that is undermining the economic development and social prosperity of every affected nation.

Mr. De La Sablière (France) (*spoke in French*): I am grateful to you, Mr. President, for having organized this important debate under your presidency.

The Secretary-General has forcefully emphasized that the fight against AIDS must remain at the heart of our concerns. We unreservedly support the decisive effort he is making so that the United Nations devotes itself to that through every possible means.

Unfortunately, since the adoption of resolution 1308 (2000) in July of 2000, AIDS has continued to decimate entire populations. Generations of men and women have been struck down in the prime of life. Countless children have become orphans. Societies have been greatly destabilized and damaged. We know about the consequences of the pandemic on society, public administration and infrastructure — including health and medical infrastructures — agricultural production and education. We know that in certain regions, and particularly in Africa, the situation has become dramatic.

Nevertheless, there are signs of hope that lead us to think that the progress of the disease may perhaps not be an insurmountable inevitability. Awareness of what is at stake is now universal, as illustrated by the General Assembly's high-level meeting in September we are beginning to see an impact on our national policies of the progress we are making in international forums. I am thinking in particular of the implementation of the Global Fund to Fight AIDS, Tuberculosis and Malaria and the decisions of the World Trade Organization to provide the poorest people with access to medicines.

The fight against HIV/AIDS calls for exceptional mobilization, for which we are all responsible. We must redouble our efforts to meet the commitments we assumed together at the United Nations in 2001. The Council is aware of the commitment of France and of Europeans in this regard. The President of the French Republic reiterated as much during his address to the General Assembly last September when he spoke about what the Director-General of the World Health Organization has called a global health emergency.

The Security Council must continue to play its full part in this collective endeavour. We recall the important meeting held on 10 January 2000 devoted to the impact of AIDS on peace and security in Africa. Resolution 1308 (2000) is part of the follow-up to that meeting, and our first responsibility is to apply it rigorously. We must therefore regularly monitor the situation. In that regard, we are grateful to Mr. Peter Piot and Mr. Jean-Marie Guéhenno for their tireless efforts and their quite comprehensive presentations. France is of course pleased at the measures undertaken and the activities pursued, as well as at the coordination demonstrated by all actors. That must be relentlessly pursued.

We are also working on this issue as it concerns us. The fight against HIV/AIDS infection is a priority of France's army. As the Council is aware, the French army is present in many areas especially affected by the pandemic. France is associated with the guidelines and programmes developed by the Department of Peacekeeping Operations (DPKO). We have prepared national programmes based on long-term strategies that are in keeping with resolution 1308 (2000). Prophylactic measures based on a set of individual and collective steps — and essentially on the effectiveness of training, prevention, detection and voluntary confidential counselling — today constitute one of the most important aspects of training armed forces for peacekeeping operations. France will continue those activities. Of course, we will also continue to support the activities of the Joint United Nations Programme on HIV/AIDS, DPKO and all others concerned. France is prepared to share our expertise and experience insofar as it can contribute to improving the coordination of our efforts. For its part, it is important for the Security Council to continue to follow up the implementation of resolution 1308 (2000).

Moreover, we are all aware of the geo-strategic stakes involved in the AIDS pandemic. This is undoubtedly one of the most fundamental and urgent threats that our world must face. In several regions AIDS hampers not only progress and development, but also peace and security themselves. In turn, violence and instability increase the risk of exposure to the disease. Combating AIDS must therefore become an important aspect of our efforts to prevent conflict and provide for the future of societies emerging from conflicts.

We know that United Nations agencies have quite often integrated this priority into their activities and programmes. That must become systematic — of course, while taking into account the specific characteristics of each situation. We must also continue to pursue our work with regard to the links between AIDS and peace and security. The Secretary-General could include a specific chapter on this subject in his annual report. I also note with interest the suggestion of my British colleague that a formal report be issued by the Secretariat in 2004 on the implementation of resolution 1308 (2000). Lastly, I would suggest that the Security Council and the Economic and Social Council together consider means of more effectively responding to these challenges. In that way, we would be augmenting our contribution to the essential mobilization in which we must all engage.

Mr. Sow (Guinea) (*spoke in French*): Allow me to thank Mr. Jean-Marie Guehenno and Mr. Peter Piot for the important and informative briefings they have given us on the dangers of HIV/AIDS, in particular as they relate to peacekeeping missions, and on the measures that should be taken to eliminate them.

The HIV/AIDS pandemic emerged in the early 1980s. Today it has not only become a public health problem: it is also a major challenge to development, which is essential to stability and international peace

and security. Africa — which is the continent most affected by conflict, underdevelopment and HIV/AIDS — must be the object of further attention, especially if one considers that most of the world's conflicts today are taking place in Africa, where there are several rather large peacekeeping operations.

HIV/AIDS weighs heavily upon the most productive and active sectors of Africa's population, particularly adults in their prime, scarce qualified personnel and women and children. The horrific waste in human and financial resources that is the result of AIDS makes AIDS a fundamental issue for Africa's security and development. According to official statistics, HIV is spreading in Guinea at a disturbing rate, with an average infection rate of 2.8 per cent. With respective infection rates of 7 per cent and 6 per cent, the mining and military sectors are the most affected. By geographical breakdown, HIV-infection rates are higher than the national average in the forested region of Guinea, where the gold and diamond mines and camps of Ivorian and Liberian refugees are located. The infection rate in the refugee camps is approximately 3.5 per cent. Those statistics, however incomplete, reveal the impact of war and social problems on the spread of the AIDS pandemic.

The campaign against AIDS requires the common efforts of Member States, that in turn requires more genuine and effective partnerships at the national, regional and global levels.

HIV/AIDS has become an unprecedented challenge for the United Nations and requires coordinated action and the adaptation of the work of the General Assembly, the Economic and Social Council and the Security Council. In that context, my delegation welcomes the creation by the Secretary-General of the Commission on HIV/AIDS and Governance in Africa, under the chairmanship of the Executive Secretary of the Economic Commission for Africa.

Moreover, it should be underlined that resources and access to medicines are basic issues that have to be dealt with. My delegation once again welcomes the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Trade Organization's agreement on generic drugs. The mechanisms to distribute funds and medicines to those who need them should reflect the urgent need for swift action dictated by this health emergency and threat to peace.

The convening of this meeting reflects the Council's concern to ensure follow-up of resolution 1308 (2000). My delegation believes that the battle against HIV/AIDS can be won only through decisive international cooperation on the part of the various actors of the international community. The Security Council acknowledged that when it adopted resolution 1308 (2000), which recognized the gravity of the devastating effects of HIV/AIDS and reaffirmed the need for coordinated international action to combat the virus. The resolution also recalled the Council's primary responsibility for the maintenance of international peace and security and underlined the Council's concern over the scourge's potential negative impact on the health of the personnel of international peacekeeping operations, including support personnel.

In the context of international solidarity, it should be noted that the Millennium Declaration, the Declaration of Commitment on HIV/AIDS of the special session of the General Assembly in June 2001 and the outcome of the high-level debate of 22 September 2003 to follow up implementation of the Declaration of Commitment — these are all sources of inspiration that, fortunately, have led to new alliances and partnerships to combat HIV/AIDS.

For its part, the Security Council must provide peacekeeping operations with the tools necessary to find solutions for the deep structural impact of HIV/AIDS on their ability to promote peace and security.

Positive actions that should be supported are the incorporation of HIV/AIDS inquiry and work groups into peace missions and host populations, the appointment of HIV/AIDS advisers and focal points in the major peacekeeping missions, the appointment of advisers in the Department of Peacekeeping Operations (DPKO), the development of prevention and advising strategies, support for national initiatives to assist uniformed personnel, the recruitment of gender advisers and initiatives in countries with high infection rates, as mentioned in the report submitted to the Security Council.

My delegation welcomes the arrangements made for better cooperation between DPKO and the Joint United Nations Programme on HIV/AIDS (UNAIDS), as mentioned in the briefings. We should now draw

lessons from past experience, assess the progress made and plan for the future with perseverance. To that end, we believe that the two bodies should share their experiences and strengthen their cooperation with other partners, including Member States, non-governmental organizations, civil society and other bodies of the United Nations system. Such synergy will undoubtedly enable us to better assess the nature and extent of the problems posed by HIV/AIDS, to identify the obstacles to overcome, to create specific action plans and to make recommendations for more effective global action in combating this scourge in the context of peacekeeping missions.

My delegation believes that the issue of HIV/AIDS should be incorporated into the initial planning of peacekeeping missions and that troop-contributing countries should include an HIV/AIDS component in their personnel training. The United Nations should contribute assistance in that regard.

In brief, the campaign against HIV/AIDS must be incorporated into the disarmament, demobilization and reintegration programmes in order to strengthen security and stability in regions of crisis and in post-conflict situations.

In peacekeeping operations, as a complementary measure, it is essential to create better systems for keeping statistics in order to follow up and assess progress made and to strengthen local and regional technical capacities.

My country, one of the leading troop contributors, continues to draw lessons from its participation in peacekeeping operations. Thus, through its national policy on HIV/AIDS, the Government of Guinea has, in its education component, emphasized prevention and counselling among military troops and police units. The personal involvement of national authorities, in particular the First Lady of the Republic, in the military communities and police camps, especially with the wives and children of soldiers and police officers, is an initiative worthy of mention.

My delegation believes that the involvement of ministries for defence and security in national mechanisms to combat AIDS will contribute to the better coordination of national initiatives to fight HIV/AIDS. Moreover, host countries, particularly countries with high rates of infection, should organize programmes to fight this scourge.

Winning the battle against AIDS in not only a moral imperative — a service to the millions of people infected or affected in one way or another by its devastating impact — it is also an issue of political and humanitarian urgency if we wish to fulfil our aspirations for peace, security and development in solidarity. That is why my delegation attaches the greatest importance to the Council's debate, which reflects the Council's firm commitment to meeting the challenges posed by HIV/AIDS, a great and unprecedented threat to life and the security of humankind.

Mr. Pujalte (Mexico) (*spoke in Spanish*): First, I wish to thank Under-Secretary-General for Peacekeeping Operations, Mr. Jean-Marie Guéhenno, and Executive Director Mr. Peter Piot, of the Joint United Nations Programme on HIV/AIDS (UNAIDS), for their briefings on the actions taken to implement resolution 1308 (2000).

The AIDS epidemic has become a global emergency, threatening security, peace and the economic and social development of all countries, not only those located in the affected regions. It is not strange, therefore, that there are countries that consider this disease, AIDS, as the principal threat to their security. In Africa alone, this disease has caused more deaths than all of that continent's recent conflicts taken together.

Combating AIDS requires a response based on collective action through international cooperation. Controlling the disease is in itself complex and difficult and becomes even more so in situations of conflict, which generate refugees and are the cause of institutional breakdowns, the collapse of basic health and education services, erosion of the social fabric, interruption in productive processes and forced internal displacements of persons. It increases the number of cases of sexual abuse and prostitution and generates violence, chaos and destruction. All of these factors, as indicated by Mr. Piot in his briefing, create conditions conducive to the accelerated spread of AIDS and other contagious diseases. Military personnel, whether regular personnel or peacekeeping personnel, are not immune to contracting and spreading this disease.

In this context, Mexico believes that it is appropriate to have named an advisor on AIDS in the Department of Peacekeeping Operations (DPKO) and to create centres for coordination on AIDS in the

missions. My delegation believes that the Council should continue cooperating and devising measures within the framework of resolution 1308 (2000) to reach the goal of reducing the spread of AIDS by the year 2015, as laid out in the Millennium Declaration.

It is important that the Department continue to encourage States, within the framework of a full respect for human rights, to supply voluntary and confidential counselling and testing services to all peacekeeping personnel, both before and after deployment. My delegation is also aware that these kinds of services, due to their high cost, exceed the financial capacity of developing countries that supply troop contingents for peacekeeping operations. Therefore, Mexico urges all Member States concerned to enhance international cooperation between their competent national organs to supply assistance in the development and implementation of policies for prevention, testing and treatment of AIDS for the personnel to be deployed in such operations. The operation of the HIV/AIDS Trust Fund in the DPKO, with contributions from the Joint United Nations Programme on HIV/AIDS (UNAIDS), to support the development and execution of AIDS programmes is a good example of those joint efforts that we should encourage.

In Mexico's view, an avenue to be explored is the development of a plan of action with concrete strategies for peacekeeping operations in cooperation with health organizations and non-governmental organizations (NGOs). In such a plan, we could contemplate the following endeavours: direct technical cooperation with affected States, including epidemiological analysis; development of educational materials and AIDS-monitoring reports addressed to the population; development of prevention strategies; promoting research on AIDS epidemiological trends in affected countries and their neighbours; promoting technical cooperation between missions with AIDS components and affected countries to promote an exchange of experience and of lessons learned; and strengthening vigilance in countries that may be vulnerable and are on the agenda of the Council.

Mexico has assumed an active role in combating AIDS. Recently, together with nine Latin American countries, we negotiated an agreement enabling us to substantially reduce the prices of medication and laboratory tests. Based on recent World Trade Organization agreements, Mexico will promote the production of high-quality generic medicines of proven quality for the population that needs them in less developed countries.

Similarly, my country is convinced of the importance of regional and international cooperation, and we therefore offer the capacities of our public institutions to train staff in health care, to share our cumulative experience and to provide technical consultants in designing indicators enabling us to evaluate the impact of the epidemic and the global response to it.

To conclude, Mr. President, Mexico would like to request the Secretary-General, through you, to submit in July 2004 a report on the implementation of resolution 1308 (2000), containing specific recommendations for strengthening the instruments available under that resolution.

Ms. Menéndez (Spain) (*spoke in Spanish*): Mr. President, my delegation would like to congratulate you on again including this important matter in the programme of work of the Council. As has been said by other delegations, reviewing the process of implementation of resolution 1308 (2000) is something that we have not done for over two years.

Other delegations have referred to the relationship between AIDS as a threat to peace and security and its devastating impact on the societies of countries affected by it. My delegation agrees with those comments, but, for the sake of brevity, I will now focus specifically on the question of the implementation of resolution 1308 (2000) in Spain.

Resolution 1308 (2000) urged Member States to develop national strategies over the long-term for education, prevention, testing and voluntary confidential counselling and treatment for their personnel in connection with HIV/AIDS as an important part of their preparation to participate in peacekeeping operations.

Spain, through its Ministry of Defence and in cooperation with the Ministry of Health, has developed a yearly programme of prevention on HIV/AIDS in its armed forces. That programme works in several areas. Among them we would emphasize the following: education, through campaigns and information days addressed to military personnel to educate them on the mechanisms of transmission of the disease and on measures of prevention; training, through the updating

and continued refining of military health personnel's education regarding HIV/AIDS; epidemiological activities designing programmes and surveys for epidemiological monitoring of HIV/AIDS infection and the identification and prevention of high-risk behaviours; and finally, prevention, providing to Spanish personnel who are to be deployed in peacekeeping operations, as part of their individual health equipment, preventive materials for preventing HIV/AIDS. With these activities, Spain has endeavoured to fulfil what was laid out in resolution 1308 (2000) in this very specific but important area, facing the enormous challenge raised by AIDS.

In conclusion, I wish to emphasize that Spain's commitment in the light of this challenge can be seen not only in this sphere, but also at the domestic level, through the national anti-AIDS plan, and at the international level, particularly through Spain's contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria, which currently totals nearly $50 million.

Mr. Khalid (Pakistan): At the outset, I wish to express my delegation's appreciation to you, Mr. President, for convening this Security Council meeting on the implementation of resolution 1308 (2000). Pakistan, as the leading troop-contributing country, attaches great importance to the Council's deliberations today.

We thank Mr. Jean-Marie Guéhenno, Under-Secretary-General for Peacekeeping Operations, and Mr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), for their comprehensive briefings. The two presentations have given the Council insight into the normative and operational implementation of resolution 1308 (2000) and the developments that have taken place since its adoption. That accords the Council an opportunity to review and advance the implementation of the resolution.

The adoption of resolution 1308 (2000) was a significant development in the context of the work of the Security Council, in that it was a recognition that the HIV/AIDS pandemic is also exacerbated by conditions of violence and instability. The Council acknowledged the existence of a nexus between the proliferation of armed conflicts and the spread of HIV/AIDS. The movement of people resulting from conflicts fuels the spread of the disease. That underlines the need for the Council to ensure prompt and effective responses to crisis situations. Conflict prevention and resolution should therefore be the first line of defence against the spread of the epidemic in conflict situations.

At the same time, the resolution reflected the possible role of peacekeeping personnel in the spread of HIV/AIDS. Perhaps it would be pertinent to know the number of peacekeepers who have caused the infection or have contracted it in the course of their assignments. We wonder whether a computation has been made to determine the proportion of the spread of the epidemic caused by peacekeeping missions vis-à-vis the overall global spate of the pandemic. A note of caution: we should not demonize peacekeepers in the absence of clear data, as that may project a misleading picture of the problem.

The conduct of United Nations personnel, particularly peacekeeping troops, should always be unblemished and beyond reproach. Deploying peacekeeping personnel who may be carriers of sexually transmitted infections is unacceptable; their risky behaviour with civilians under their protection is more objectionable. United Nations personnel who endanger the lives of civilians debase the noble traditions of humanitarian work and the United Nations itself, bringing both to disrepute. Troop-contributing countries should take severe disciplinary measures to prevent such a situation from occurring. There should be zero tolerance of those who, instead of protecting their charges, expose them to life-threatening dangers.

We expect the United Nations and the troop-contributing countries to set the highest possible standards for the conduct of the troops deployed under the United Nations flag. Every effort must be made to ensure that peacekeepers conduct themselves according to appropriate codes of conduct and that they adopt the best possible behaviour to protect and care for themselves and the populations with whom they may interact.

The principles of the code of conduct for humanitarian personnel developed by the Inter-Agency Standing Committee and UNAIDS strongly discourage sexual relationships between humanitarian workers and beneficiaries. The role of uniformed personnel and peacekeeping forces in preventing the spread of the disease in conflict areas is extremely important. Resolution 1308 (2000) recognized that personnel,

before their deployment in peacekeeping operations, should undergo education, voluntary and confidential testing, and counselling and treatment. To that end, it is essential to improve the capacity of peacekeepers to become effective advocates and actors with regard to awareness and prevention of HIV/AIDS transmission.

Pakistan, as the leading troop-contributing country, is fully aware of the heavy responsibility we undertake when we deploy our troops in peacekeeping missions. We are generally proud of our record, which has remained unblemished in the dozens of United Nations peacekeeping missions we have served. Our soldiers' behaviour in the field is enshrined essentially in the noble traditions of their religion, which teaches them respect for women, the elderly and children. Their training — besides giving them mastery in the art of war — instils in them a sense of self-discipline. Still, before we deploy our troops in United Nations missions, every soldier is tested for HIV/AIDS and is provided with effective orientation and training on HIV/AIDS. Happily, Pakistan is not the only country with such scrupulous standards; most of the other troop-contributing countries enjoy similar reputations.

Finally, resolution 1308 (2000) recognized the importance of a coordinated response to the pandemic. In that regard, we welcome the joint efforts of the Department of Peacekeeping Operations and UNAIDS in addressing HIV/AIDS in conflict areas. We assure them of our full support in implementation of the resolution.

Mr. Tidjani (Cameroon) (*spoke in French*): I should like at the outset to thank you, Mr. President, for having taken the initiative of placing the important issue of HIV/AIDS on today's agenda. I should also like to thank Mr. Jean-Marie Guéhenno and Mr. Peter Piot for their detailed and instructive briefings. The presence of the Secretary-General, Mr. Kofi Annan, a short while ago is proof of the importance of the issue we are discussing and of his interest in the fight against the pandemic.

Security Council resolution 1308 (2000), whose implementation we are reviewing today, gave rise to a series of measures necessary to fight the spread of HIV/AIDS in urgent conflict and humanitarian situations. In particular, they involve education and training measures — to be provided to peacekeeping operations personnel before their deployment on the ground — in the area of HIV/AIDS prevention, screening and treatment. We therefore welcome the progress that has been made, but note that much remains to be done in this endeavour, which appears to be long-term. All that is clear from the briefings by Mr. Guéhenno and Mr. Piot.

The AIDS pandemic feeds on conflict and population shifts caused by conflict. Among refugees, women and girls are most exposed to HIV/AIDS infection. We share the view that training of humanitarian and police personnel in methods of protection concerning HIV/AIDS prevention are initiatives that should be continued.

Since it emerged two decades ago, HIV/AIDS has spread quickly throughout the world. However, two thirds of the 42 million people infected with the virus live in Africa, where the epidemic is spreading at devastating rate. The scourge of HIV/AIDS is threatening the survival of the entire population of the continent, but it is affecting in particular adults of working age, which in turn is aggravating social problems and leading to a tragic increase in the number of very young orphans. Furthermore, it is leading to a worsening of the economic situation. The countries most affected by the epidemic in Africa have seen a notable drop in their rate of growth. In addition, in many countries in sub-Saharan Africa, almost half of the armed forces and the police are infected by HIV/AIDS. Law and order are thus threatened within those countries, as well as from outside.

The impact of HIV/AIDS is clear and devastating: it is hampering the development of the continent of Africa and its future. At the national level, policies aimed at prevention must therefore be further developed. Access to treatment must be progressively increased and voluntary HIV testing centres must be set up. That is something that Cameroon is doing for civilians and for the army and the police, including in barracks.

We believe that prevention must be the main pillar of the international community's struggle against this scourge. This is a collective struggle in which the United Nations must continue to play a increasingly important role.

My delegation fully endorses the recommendations made by UNAIDS, and we also agree with the views expressed here today about the need for a joint evaluation report by UNAIDS and the Department of Peacekeeping Operations.

In conclusion, I would like to remind members that the HIV/AIDS pandemic does not respect borders and that its elimination will require international solidarity. As the Secretary-General said a few months ago, we must combine our political will, mobilize our resources and adopt specific measures in order to ensure a future for the world. That is our only option if we are to meet this challenge to the future of the human race and ensure human rights for all so that all peoples can flourish.

The President: I shall now make a statement in my capacity as the representative of Angola.

I should like to start by expressing my appreciation to Jean-Marie Guéhenno, Under-Secretary-General for Peacekeeping Operations, and to Mr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), for their comprehensive briefings on the implementation of Security Council resolution 1308 (2000) — an important step taken by the Security Council in addressing the AIDS pandemic and responding to the international community's great concern about this very sensitive issue.

The goals set out in the resolution of ensuring responsible and safe behaviour among humanitarian staff and peacekeeping troops and promoting their awareness of preventive measures, as well as the call for increased collaboration among national organizations and those in uniform and the integration of their activities into broader national responses are, in my delegation's view, important strategies for the achievement of progress in the global fight against the HIV/AIDS pandemic.

We commend the efforts of United Nations bodies, and in particular the ongoing commitment of the Secretary-General, in the fight against AIDS. In this context, the creation of the Global Fund was a far-reaching initiative.

We also commend the efforts of the Department of Peacekeeping Operations and UNAIDS to strengthen international cooperation aimed at formulating multisectoral and multifaceted responses to meet the challenges ahead.

The AIDS pandemic is a health, development and security issue. Because its impact is mainly on young people, it has a devastating effect on reproductive health. It has consequences for all levels of society — families, communities, the productive sector and nations as a whole.

The Southern African Development Community Summit on HIV, held in Maseru, Lesotho, in July 2003, noted that the impact of the pandemic in the region is having consequences at the social and economic levels, on families and on food security, and adopted a global strategy to combat AIDS through the prevention of new infections and the mitigation of the effects of the disease.

Angola has a rate of HIV infection of about 5 per cent of the adult population — a relatively low rate when compared with other countries in our region. That relatively low rate of infection is due mainly to the reduced movement of the population during the long years of war. Now, given the situation of peace and increased population mobility, the danger has arisen of an explosion in the rate of infection. This situation calls for a determined Government policy and will require the support of the international community in order to ensure that Angola can benefit from achievements made elsewhere to contain the pandemic.

In this regard, I would like to assure the Council that the issue of HIV/AIDS is at the top of our list of concerns and priorities and under consideration at the highest level of Government. Translating this commitment into reality, the President of the Republic, in line with resolutions adopted at the special session of the General Assembly on HIV/AIDS, the Durban Conference and the 2001 Abuja Conference, has taken the lead in the fight against the pandemic in Angola by coordinating the National Commission to fight HIV/AIDS.

A special fund has been established to fight AIDS and the other major epidemics. The national strategy has been reformulated in line with the new challenges resulting from the attainment of peace. The response to new challenges include, among other actions, the intensification of education and prevention programmes, better treatment, including the provision of antiretroviral therapies, better care and assistance for orphans and vulnerable groups and advances in the fight against stigmatization and discrimination.

Many nations are facing increased difficulties in recruiting for the armed forces with a view to ensuring their national defence. The AIDS pandemic became a serious national security problem with unforeseeable but surely very grave consequences for many countries.

Global mobilization to face that tremendous security threat is an imperative to which my country fully subscribes. The Angolan armed forces have been specifically targeted in the national strategic policies to fight AIDS. We are counting on this effort with the assistance of the United States Department of Defense under the premise that we must run faster than the epidemic. Under this cooperation programme, massive testing of uniformed personnel is being conducted. An AIDS prevention plan among the military has been established. Information and education campaigns are being set up and condoms are being freely distributed. The armed forces have been taking a leading role in information and education campaigns of vulnerable groups with military personnel being trained as educators.

An enormous challenge lies ahead for Angola. However, a determined prevention programme has been set in motion and we are sure that it will bear positive results in the near future if the Angolan military continues to benefit from sustained international assistance — the programme sponsored by the United States Department of Defense being an exemplary model for other international partners. This programme is working and producing tangible results in the fight against the AIDS pandemic in Angola.

The Angolan authorities have expressed a willingness to participate, particularly with the Angolan armed forces involved in peacekeeping operations. The awareness campaign that we are conducting can be characterized by this objective: to ensure that the standards for the Angolan armed forces are in line with the standards set for participation in peacekeeping operations.

To conclude, it is our conviction that success in the fight against the AIDS pandemic depends on international cooperation and on practical and effective steps that all States should take to implement the commitments on HIV/AIDS. The pandemic is spreading at an alarming speed. It is a threat to survival in a large number of the most affected societies and a threat to security. We must run faster than the pandemic if we are to succeed.

I now return to my position as President of the Security Council and I would like to give the floor to Mr. Jean-Marie Guéhenno to respond to some of the comments and suggestions made by the members of the Council.

Mr. Guéhenno: Let me at the outset thank all the members of the Security Council for the strong support they have expressed for our efforts and the joint efforts we conduct with the Joint United Nations Programme on HIV/AIDS (UNAIDS). Let me also thank the members of the Council for their own national efforts. Several Council members have described the programmes they have developed for their national military. These programmes are very important for us. Peacekeeping often occupies just a moment in a military career; therefore it is essential that the partnership that I was describing become part of the programmes that are developed at the national levels, apart from what happens within the context of peacekeeping. Those programmes provide the background and foundation for an effective effort once troops are deployed in a peacekeeping context.

The issue of data has been raised by several delegations. I think we have to recognize that, unfortunately, there is still a general lack of reliable information on HIV rates in conflict and post-conflict countries. As one would expect, statistics are particularly weak in countries that have been afflicted by severe conflict. That makes it very difficult to judge the exact impact of a peacekeeping operation on national HIV prevalence. We believe this is an area where we have to make progress. That is why we are developing survey tools, with UNAIDS, such as the knowledge, attitude and practice questionnaire that I mentioned in my briefing. We believe that this will help us evaluate, with greater accuracy, the levels of awareness and risk practices in the field and also the levels of efficiency and effectiveness of our own programmes. That will also allow us to answer one of the questions raised by Ambassador Cunningham, namely, comparing the respective impacts of focal points versus HIV policy advisers. HIV policy advisers have so far been deployed in missions that were bigger than the missions where the focal points have been deployed. As we gather more statistics we will be in a good position to assess what are the most effective programmes that we conduct and also the most effective structures that we deploy in the field.

Focal points usually are medical personnel whose work covers a range of medical issues, and HIV/AIDS is one of those issues. Obviously they probably cannot have the same impact that a full time HIV policy adviser can have.

Ambassador Cunningham also raised the issue of the question of what would happen to the Headquarters HIV/AIDS policy adviser who is presently funded thanks to a contribution from Denmark, raised by UNAIDS. The existing funding will cover the post until December 2004. I think this gives us time to discuss with UNAIDS how to pursue what we consider a very important and useful function in the Department of Peacekeeping Operations (DPKO).

Let me conclude by saying that I think this discussion shows how important it is for us to have a very close and practical interaction with the Security Council and with the troop-contributing countries on the question of HIV/AIDS. We will not be successful against this devastating pandemic if we do not join our efforts and closely coordinate. Working in isolation will not succeed, but if we work as a team, I think we have a chance to succeed.

The President: I thank Mr. Guéhenno for his clarifications, as well as his good suggestions. I now give the floor to Mr. Piot to respond to the comments and suggestions.

Mr. Piot (*spoke in French*): I thank all the delegations for their support of our joint activities and in particular for their commitment to this question.

I remember the first debates on HIV/AIDS in the Security Council. Everyone who was there at the time will remember that the atmosphere was not as positive and supportive as it is today. At that time there also were very few results to report.

Together we have clearly made significant progress in implementing Security Council resolution 1308 (2000), but much remains to be done. As emphasized by several Council members, there are now more peacekeeping operations at the regional level. There, we do not yet have good coordination and implementation of HIV/AIDS prevention measures, but we have begun cooperation with a number of regional peacekeeping operations and I believe we can apply the same methods and principles that have been proven in the fight against this epidemic. We now are in the process of policy discussions in order for such operations to become a reality.

A number of representatives rightly raised the problem of evaluating the scope of the problem. As to the possible contribution of peacekeeping operations to the spread of HIV among populations in conflict areas, I do not think there is any very direct evidence of that yet. But this is going to be one of the central themes we will be working on in future. As Mr. Guéhenno already emphasized, we will step up our efforts to evaluate the impact of our programmes and to determine the scope of the problem. For example, we included evaluation of the programmes' impact on troops as part of the follow-up indicators to the Declaration of Commitment on HIV/AIDS, which emerged from the General Assembly's special session on that topic. Another point that was underscored is the need for more thorough analysis and better documentation on the relationship between AIDS, security and stability. We are trying to lay the groundwork for that and I think in 2004 we will be able to provide Council members with more evidence-based reports.

In regard to a permanent position within the Department of Peacekeeping Operations on AIDS matters, I think it is absolutely essential. AIDS is not going to disappear in the next few years. As AIDS in peacekeeping has now become a central issue in our work, I think we have to give priority to finding the means to deal with it. I do not foresee any problems there.

In conclusion, there are still many challenges ahead. Preventing HIV/AIDS among peacekeeping troops can best be achieved by first intensifying prevention programmes among young people and then by having good linkage between national programmes and special armed forces programmes, a point that has been made by virtually everybody here. But, as the Council President says, we have to run faster than the epidemic.

I thank you all very much and we will provide a detailed joint report next year.

The President: I thank Mr. Piot for the clarification he has provided. As there are no further speakers inscribed on my list, the Security Council has thus concluded the present stage of its consideration of the item on its agenda. Before adjourning the meeting, I would like to inform Council members that a document summarizing the key points of the debate will be compiled and made public.

The meeting rose at 12.55 p.m.